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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/529,638	06/05/2000	OLLE CARLBARK	000500-252	9552
RONALD L GI	7590 08/27/200 RUDZIECKI	9	EXAM	INER
	BURNS DOANE SWECKER & MATHIS  PO BOX 1404  ANDERSON, CATHARINE L		CATHARINE L	
	A, VA 22313-1404		ART UNIT	PAPER NUMBER
			3761	
			MAIL DATE	DELIVERY MODE
			08/27/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



## UNITED STATES PATENT AND TRADEMARK OFFICE

## Board of Patent Appeals and Interferences

RONALD L GRUDZIECKI BURNS DOANE SWECKER & MATHIS

P.O. BOX 1404

ALEXANDRIA, VA 22313-1404

Appeal No: 2009-003804

Appellant: OLLE CARLBARK, KENNETH STRANNEMALM,

Application No: EWA KOLBY FALK et al.

Hearing Room: 09/529,638

Hearing Docket: A Hearing Date: A

Hearing Time: Wednesday, October 07, 2009

Location: 09:00 AM

Madison Building - East Wing 600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

## NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appear	l, please identify the	appeal by its number.
CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED	( ) HEARING ATTEN	DANCE WAIVED
Signature of Attorney/Agent/Appellant	Date	Registration No.
Names of other visitors expected to accomp	any counsel:	

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